

DATE DROPPED TO PSD	DELIVERED BY	EMAIL/PHONE	(PSD) RECEIVED BY

TRANSFER INFORMATION SHEET		Date:
Rate:	Name:	SSN:
Command:		

A. INDIVIDUAL CONCERNED COMPLETE SECTION "A" OF THIS FORM AND DELIVER TO YOUR DIVISION OFFICER

Work Phone: ext.	Home Phone: () -	E-mail Address:
Primary Next Of Kin: Name and Relationship:		Secondary Next Of Kin: Name and Relationship
Address:		Address:
Telephone (including Area Code):		Telephone (including Area Code):
Requested Transfer Date:		
Requesting Leave (No. of Days):	Leave Address and Phone Number:	
Incur Obligated Service by: <input type="checkbox"/> Extension <input type="checkbox"/> Reenlistment <input type="checkbox"/> Page 13 (if approved)	Advance Pay Desired: <input type="checkbox"/> Yes (Complete attached form) <input type="checkbox"/> No	Advance DLA Desired: <input type="checkbox"/> Yes <input type="checkbox"/> No (married pers. & single E7 & above only)
Will your dependents accompany you on transfer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you using your COT entitlement? (if applicable) <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Eligible	Home of Record: (CITY, STATE)
Signature of Member:		Date:

B. DIVISION OFFICER complete Section "B" and check the box if task has been completed

<input type="checkbox"/> Indicate Member's Transfer Date if other than requested:	
<input type="checkbox"/> Inform individual that transfer departure date will not be changed once it is determined except for emergency reasons, as orders and records will be processed upon return of this form to the Transfers Section.	
<input type="checkbox"/> Transfer Information Sheet and required enclosures have been reviewed and verified. PACKAGE MUST BE COMPLETED WITHIN 30 DAYS OF RECEIPT OF ORDERS.	
<input type="checkbox"/> Copy of PCS Orders <input type="checkbox"/> Passenger Reservation Request 4650/5 <input type="checkbox"/> Application For Transportation of Dependents <input type="checkbox"/> Family Entry Approval (FEA) Worksheet Req. <input type="checkbox"/> Advance Pay Certification/Authorization <input type="checkbox"/> Request for Advance PCS/TDY Travel Request <input type="checkbox"/> Temporary Lodging Allowance (TLA) Information Sheet and Worksheet <input type="checkbox"/> Other: _____	
<input type="checkbox"/> Required obligated service: <input type="checkbox"/> has been completed or <input type="checkbox"/> will be completed on _____.	
<input type="checkbox"/> Required screening(s) has/have been completed. Copies attached.	
<input type="checkbox"/> Transfer Evaluation (E6 and below)/FITREP (E7-E9 only) will be forwarded to the Transfers Section at least five (5) working days prior to the transfer date.	
<input type="checkbox"/> Inform member that check-out procedures will be carried out five (5) working days prior to the transfer date.	
I certify that I have taken or initiated action on all items listed in Section "B". Signature of Division Officer	Date:

C. APPROVING AUTHORITY FOR COMMAND complete Section "C"

I certify that I have reviewed the above information and recommend: <input type="checkbox"/> Approval <input type="checkbox"/> Disapproval Signature	Date:
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PRIVACY ACT STATEMENT

The information requested on this form is to provide a means of making Permanent Change of Station (PCS) arrangements. This form is used as a guide for processing for an accurate transfer and remains part of the retain file. Disclosure of requested information is voluntary; however completion of this form is necessary before the Transfer can be processed. Failure to provide any of the requested information may result in Transfer not being processed.

REVISED SEP 2006

PASSENGER RESERVATION REQUEST - PCS TRAVEL

☐ INITIAL☐ CHANGE

***** THIS FORM MUST BE TYPED *****

1. MEMBER'S NAME (LAST, FIRST, M.I.)		2. RANK/RATE	3. SSN	4. COMMAND	5. DETACH DATE
6. PLR/TRAVEL COORDINATOR	7. PHONE	8. EMAIL ADDRESS		9. MEMBER'S PHONE	10. EMAIL ADDRESS-WORK
11. LOCAL ADDRESS	12. CITY/STATE		13. PHONE		14. EMAIL ADDRESS-HOME
15. MEMBER'S TRAVEL (INCLUDING LEAVE STOPS, WHICH MEMBER WILL PAY FOR, IF APPLICABLE) DATE FROM TO			16. FAMILY MEMBER(s) TRAVEL <input type="checkbox"/> TRAVELING WITH SPONSOR OR... <input type="checkbox"/> TRANSPORTATION REQUESTED AS FOLLOWS: DATE FROM TO		
17. DEPENDENT INFORMATION NAME (Last, First, MI) RELATIONSHIP DOB SSN OR PASSPORT NUMBER (AS REQUIRED) EXPIRATION DATE (IF APPLICABLE)					
18. TYPE SEAT REQUEST <input type="checkbox"/> WINDOW <input type="checkbox"/> AISLE			19. FLIGHT TIME REQUEST <input type="checkbox"/> 0700 - 1200 <input type="checkbox"/> 1200 - 1800 <input type="checkbox"/> 1800 - 2400		
20. PRIVATELY OWNED VEHICLE (POV) <input type="checkbox"/> NOT SHIPPING A POV <input type="checkbox"/> SHIPPING PRIMARY POV TO			21. LEAVE INFORMATION ADDRESS: CITY/STATE: AREA CODE: PHONE NUMBER: 21a. EMERGENCY CONTACT: NAME: AREA CODE: NUMBER:		
22. PET SHIPMENT REQUEST <input type="checkbox"/> YES <input type="checkbox"/> NO PET #1 <input type="checkbox"/> CAT <input type="checkbox"/> DOG CAGE SIZE L W H PET WEIGHT KENNEL WEIGHT PET #2 <input type="checkbox"/> CAT <input type="checkbox"/> DOG CAGE SIZE L W H PET WEIGHT KENNEL WEIGHT NOTE: AMC LIMITS 2 PETS, CATS OR DOGS ONLY, WITH MAXIMUM WEIGHT (PET & KENNEL) OF 100 POUNDS EACH. OTHER:					
23. REMARKS NOTE: PLAN YOUR TRIP CAREFULLY BEFORE SUBMISSION OF THIS REQUEST. CHANGES TO CONFIRMED FLIGHTS MAY BE MADE ONLY AS A RESULT OF ORDER MODIFICATION OR DUE TO MISSION REQUIREMENTS. PRIVACY ACT STATEMENT: THE INFORMATION REQUESTED ON THIS FORM IS PROTECTED UNDER AUTHORITY OF T U.S.C. 552a AND THE JOINT TRAVEL REGULATIONS TO PROVIDE A MEANS OF MAKING PERMANENT CHANGE OF STATION (PCS) TRAVEL ARRANGEMENTS. THE FORM IS USED AS A GUIDE FOR PREPARING AN ACCURATE TRAVEL ITINERARY AND REMAINS PART OF THE RETAIN FILE. DISCLOSURE OF REQUESTED INFORMATION IS VOLUNTARY, HOWEVER COMPLETION OF THIS FORM IS NECESSARY BEFORE TRANSPORTATION CAN BE AUTHORIZED. FAILURE TO PROVIDE ANY OF THE REQUESTED INFORMATION MAY RESULT IN DISAPPROVAL OF TRAVEL REQUEST.					
24. MEMBER'S SIGNATURE			25. DATE		
PSD/PERSONNEL OFFICE USE ONLY					
26. COPY OF ORIGINAL ORDERS <input type="checkbox"/> COPY OF ORIGINAL ORDERS		27. DD 884 <input type="checkbox"/> DD 884		28. OVERSEAS SCREENING COMPLETED <input type="checkbox"/> OVERSEAS SCREENING	
29. PASSPORT REQUEST COMPLETED <input type="checkbox"/> PASSPORT REQUEST COMPLETED		30. AUTHORIZED TO TRAVEL VIA NEW HOMEPORT OF SHIP (U5120.F3) <input type="checkbox"/> YES		31. DEPENDENT ENTRY APPROVAL <input type="checkbox"/> APPROVED <input type="checkbox"/> PENDING	
32. HOR TRAVEL <input type="checkbox"/> ENTITLED <input type="checkbox"/> NOT ENTITLED <input type="checkbox"/> DEFERRED					
33. NAME OF SUBMITTING CLERK			34. EMAIL ADDRESS		
35. DATE			36. SIGNATURE		

APPLICATION FOR TRANSPORTATION FOR DEPENDENTS			DOD COMPONENT
<p>THE PRIVACY ACT OF 1974. AUTHORITY: 37 U.S.C. 406 (Military); 5 U.S.C. 5724 (Civilian). THE PRINCIPAL PURPOSE: Application for transportation-in-kind of dependents with CONUS used as an authority to issue transportation requests in absence of dependent travel orders. ROUTINE USES: Used in lieu of dependent travel orders by transportation offices to issue transportation requests within CONUS. VOLUNTARY: However, if information is not furnished, transportation would not be furnished.</p>			
NAME OF APPLICANT <i>(Last, First, MI)</i>		RANK	GRADE
SHIP OR STATION		FILE or SERVICE NO./SSN	
NAME OF DEPENDENT FOR WHOM TRANSPORTATION IS REQUESTED <i>(Last, First, MI)</i>		RELATIONSHIP* <i>(Adopted son, step-dau., etc.)</i>	DATE OF BIRTH <i>(Children) (YYMMDD)</i>
			LOCATION AT TIME OF RECEIPT OF ORDERS** <i>(City, State)</i>
<i>*If other than a lawful spouse or unmarried legitimate child under 21 years of age of a member, complete applicable certificates below.</i>			
PRESENT ADDRESS OF DEPENDENTS <i>(Street Address, City, State and ZIP Code)</i>			
OLD PERMANENT STATION		NEW PERMANENT STATION	DATE OF ORDERS <i>(YYMMDD)</i>
TRANSPORTATION REQUESTED <i>(FROM) (City, State)</i>		<i>(TO) (City, State)</i>	<i>(VIA) (ROUTE) (City, State)</i>
DATE OF DEPARTURE <i>(YYMMDD)</i>	BY <i>(Air, Rail, etc.)</i>	FOR TRAVEL OUTSIDE THE U.S., IS GOVERNMENT AIR TRANSPORTATION ACCEPTABLE FOR YOUR DEPENDENTS? YES <input type="checkbox"/> NO <input type="checkbox"/>	
<p><i>**If travel is from other than vicinity of old station or to other than vicinity of new station, state reasons; if orders were received during temporary absence of dependents from old duty station, explain necessity for their return thereto prior to proceeding to new station.</i></p>			
<p>I CERTIFY THAT TRANSPORTATION FOR PERSONS LISTED ABOVE, WHO WERE MY DEPENDENTS ON THE EFFECTIVE DATE OF APPLICABLE ORDERS, IS BEING REQUESTED WITH THE INTENT OF ESTABLISHING A BONA-FIDE RESIDENCE. I FURTHER CERTIFY THAT I HAVE NOT MADE APPLICATION OR SUBMITTED CLAIM FOR TRANSPORTATION OF MY DEPENDENTS ON THIS CHANGE OF STATION EXCEPT AS FOLLOWS:</p>			
I CERTIFICATE OF PROOF OF DEPENDENCY	<p style="text-align: center;"><i>(Required for dependent parents, adopted children, stepchildren and for mentally or physically incapacitated children over 21 years of age.)</i></p> <p>I CERTIFY THAT MY DEPENDENT(S) <i>(Relationship)</i> _____, NAMED ABOVE, IS/ARE IN FACT DEPENDENT UPON ME AND THAT A CERTIFICATE OF DEPENDENCY WAS APPROVED BY THE APPROPRIATE AGENCY, I FURTHER CERTIFY THAT THERE HAS BEEN NO CHANGE IN THE CONDITIONS OF DEPENDENCY SINCE THE CERTIFICATE WAS APPROVED.</p> <p style="text-align: center;"><i>(NOTE: In the case of a dependent parent, the certificate of dependency must be approved annually.)</i></p>		
II CERTIFICATE OF RESIDENCE OF PARENT	<p style="text-align: center;"><i>(Required for a dependent parent in addition to I.)</i></p> <p>I CERTIFY THAT MY DEPENDENT(S) <i>(Relationship)</i> _____, IS/ARE RESIDING AS A MEMBER OF MY HOUSEHOLD AND WILL RESIDE AS A MEMBER OF MY HOUSEHOLD ESTABLISHED INCIDENT TO THIS CHANGE OF STATION.</p>		
III CERTIFICATE FOR STEPCHILD	<p style="text-align: center;"><i>(Required for a step child in addition to I.)</i></p> <p>I CERTIFY THAT <i>(Name of child's other parent)</i> _____, THE MOTHER/FATHER OF THE STEPCHILD/STEPCHILDREN NAMED ABOVE, WAS MY LEGAL SPOUSE ON THE EFFECTIVE DATE OF APPLICABLE ORDERS.</p>		
DATE <i>(YYMMDD)</i>	SIGNATURE OF APPLICANT		

ADVANCE PAY CERTIFICATION/AUTHORIZATION**PART I - PURPOSE**

The purpose of an advance of pay incident to a PCS is to provide a service member with funds to meet the extraordinary expenses of a Government-ordered relocation.

An advance of pay shall not be authorized for the specific out-of-pocket expenses covered by advances of other pays and entitlements if such advances are used. The service member may be authorized an advance of pay to the extent that incurred or anticipated expenses exceed those covered by the following advances or reimbursements, or are outside of the scope of those entitlements:

- | | |
|--|--|
| a. Overseas stations housing allowance | c. Service member and/or dependent travel allowances and per diem. |
| b. Dislocation allowance | d. Basic allowance for quarters and/or variable housing allowance |

An advance of pay for a PCS move in the same geographic area of a service member's prior duty station, home port, or place from which ordered to active duty, is only authorized when the service member moves his/her household effects at Government expense. Proof of HHG shipment is required before advance pay for PCS moves in the same geographic area is paid.

An advance of pay is not intended to provide funds for such items as investments, vacations or the purchase of consumer goods that are not the result of direct expenses resulting from the service member's PCS orders.

PART II - MEMBER CERTIFICATION

PENALTY: The penalty for willfully making a false claim/statement is: A MAXIMUM FINE OF \$10,000.00 OR MAXIMUM IMPRISONMENT OF FIVE YEARS, OR BOTH (U.S. Code, Title 18, Section 287.)

I have read and understand the Navy's policy on advance pay incident to a PCS. I hereby certify that the intended use of these funds is in accordance with the stated purpose.

a. NAME (Last, First, Middle Initial)

b. SOCIAL SECURITY NUMBER

c. RANK/RATE

d. SIGNATURE

PART III - REQUEST

a. I request:

- ☐ One-month advance pay (Part VI must be completed if member is pay grade E-3 and below)
- ☐ Two-months advance pay (Parts IV and VI must be complete.)
- ☐ Three-months advance pay (Parts IV and VI must be completed.)

b. I request a repayment schedule* of:

- ☐ 1-12 months (part VI must be completed if member is in pay grade E-3 and below)
- ☐ 13-24 months (Parts V and VI must be completed) regardless of pay grade.

*Repayment schedule cannot exceed member's PRD or EAOS.

c. I request payment of the advance pay:

- ☐ 1-30 days before detaching and 60 days after reporting to my next PDS.
- ☐ 31-90 days before my PCS transfer (Parts IV and VI must be completed).
- ☐ 61-180 days after arrival at my PDS (Parts IV and VI must be completed.)

PART IV - CERTIFICATION OF EXPENSES (Attach extra sheets if necessary.)

EXPENSE (actual or anticipated)

a. \$

d. \$

b. \$

e. \$

c. \$

f. \$

EXPLAIN CIRCUMSTANCES WHERE GREATER THAN NORMAL EXPENSES MIGHT BE INCURRED OR CIRCUMSTANCES REQUIRING AN EARLY OR LATE PAYMENT OF ADVANCE PAY

PART V - JUSTIFICATION FOR OVER 12 MONTHS PAYBACK (Justification must Demonstrate that severe hardship would result for a liquidation period of 12 months.)

a. NUMBER OF DEPENDENTS

	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

a. I hereby ☐ approve ☐ disapprove the member's request for :

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466
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☐ 61-180 days after reporting at PDS

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	f DATE
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1. Authority. 37 U.S.C. 1006
2. Principal Purpose. To provide information required to legally pay advance of pay for Naval personnel.
3. Routine Use(s). The member provides actual/anticipated expenses and justification for the payment of advance pay. The commanding officer either approves the member's request.
4. Mandatory or Voluntary Disclosure. Voluntary. If member does not provide the information, advance pay cannot be paid.

PSD PEARL HARBOR HI ADVANCE PCS/TDY TRAVEL REQUEST

Name: _____ Rank/Rate: _____ SSN: _____

Current Duty Station: _____ Date reported: _____

Next Duty Station: _____ Date detaching: _____

☐ **Temporary Duty Per Diem at Next Intermediate Duty Station**

Where will you reside? ☐ BEQ/BOQ ☐ Off-base (CNA) required) CNA # _____

Daily cost of lodging: \$_____ For period _____ through _____

☐ **Service Member PCS Entitlements**

Traveling from _____ to _____
(City/State or Country) (City/State or Country)

How do you plan to travel? ☐ POV from _____ to _____

☐ Govt.-procured Air (GTR) ☐ Other: _____

Do you desire Advance Dislocation Allowance (DLA)? ☐ Yes (With Dependents) ☐ No Advance desired
Single E7 and above ☐ Yes (Single) ☐ No Advance desired

I hereby request advance payment of dislocation allowance due to my transfer on _____. I certify that it is my intention not to occupy Government quarters permanently upon arrival at my new permanent duty station. If I am permanently assigned Government quarters, I understand I will be required to repay the advance dislocation allowance.

Note: Do not pay Advance DLA for Single E6 and below without a statement from the gaining command that the member is not required to use government quarters. DODFMR Vol 9 para 0606.

☐ **Family Member PCS Entitlements**

Will your dependent(s) be traveling with you? ☐ Yes ☐ No

When will your dependent(s) travel? _____ through _____
(Start date) (Completion date)

Where will your dependent(s) travel from? _____ to _____
(City/State or Country) (City/State or Country)

How does/do your dependent(s) plan to travel? ☐ POV ☐ GTR Number of POVs to be used: _____

Electronic Funds Transfer Information:

Account Type: ☐ Checking ☐ Savings

Account Number: _____

Bank Routing Number: _____

Address

Street: _____

City/State/Zip: _____

MBR MALT _____ miles @ _____

DEP MALT _____ miles @ _____

MBR FPD _____ days @ _____

DEP FPD _____ days @ _____

PERDIEM _____ days @ _____

RE _____ DLA _____ Other _____

TOTAL: _____

PRIVACY ACT STATEMENT

The information requested on this form is required under the provision of 31 U.S.C. 82b and 82c, for the purpose of disbursing Federal money. The information requested is to identify the particular creditor and the amounts to be paid. Failure to furnish this information will hinder discharge of the payment obligation.

Signature/date: _____

**DEPARTURE
TEMPORARY LODGING ALLOWANCE (TLA)
INFORMATION SHEET**

NAME (Last, First, MI):	RANK/RATE:	LAST 4 DIGIT OF SSN:
COMMAND/UIC:	CONTACT PHONE #:	
DETACHING DATE: (NOTE: TLA ENTITLEMENT WILL END DAY PRIOR TO MEMBER'S DETACHING DATE)		TLA HOTEL:
INITIALS		
	The purpose of TLA is to PARTIALLY reimburse a member for more than normal expenses incurred while occupying temporary lodging accommodations.	
	FAMILY MEMBERS MUST BE COMMAND-SPONSORED prior to the effective date of orders (Report date to new command minus authorized travel days).	
	TLA is payable up to five days PRIOR to detaching date from Hawaii. Under emergency situation beyond member's control, Extension Request may be requested via letter from the member to COMNAVREG Pearl Harbor via member's command.	
	TLA is not payable to the member while off the island. Once member is off the island, TLA may be paid only for family members who remain on island if Delayed Travel is Authorized by SECNAV.	
	TLA is payable when staying with friends/relatives (meal allowance only) or in temporary lodging on the island of Oahu only.	
	Single and geographical bachelors must check-in with the BOQ/BEQ to obtain lodging. If lodging is not available, the member will be issued a non-availability of government quarters stamp on their original orders and a TLA authorization letter from the BOQ/BEQ. Single and geographical bachelors attached to an Afloat command may NOT be eligible to receive TLA.	
	All payments are made via EFT to the bank account where regular pay is deposited. EFT payments normally post to the bank account within 10 working days after claim submission.	
	Documentation required for TLA payment for members residing on the economy (to include PPV Quarters): 1. Termination of lease statement 2. Copy of bill of lading from Personal Property Office 3. TLA Worksheet 4. DETAILED Hotel Receipt showing paid in full	
	Document required for TLA payment for members staying with friends or relatives: 1. Statement indicating staying with friends or relatives and providing address of residences and period of stay. 2. TLA Worksheet	
<p>"I have been briefed and understand the provisions regarding entitlement to Departure TLA and my responsibilities as contained in COMNAVBASEPEARLINST 7220.2d and will promptly notify the command of any change in statutes affecting entitlement thereto."</p> <p style="text-align: right;">_____ (Member's signature/Date)</p>		

TEMPORARY LODGING ALLOWANCE (TLA) WORKSHEET

NAME (Last, First, MI)	RANK/RATE	SSN
COMMAND REPORTING TO/FROM	NAME OF HOTEL	

FAMILY MEMBERS ON STATION

NAME (Last, First, MI)	RELATIONSHIP	DATE OF BIRTH

FOR ARRIVAL TLA:DATE MEMBER REPORTED TO PRESENT COMMAND: DATE FAMILY MEMBER(S) REPORTED TO PRESENT COMMAND: THIS IS THE CLAIM

MEMBER MUST PRESENT TLA AUTHORIZATION FROM THE HOUSING OFFICE AND A PAID LODGING RECEIPT. A FAMILY MEMBER WHO IS FILING TLA DUE TO THE ABSENCE OF THE SPONSOR MUST HAVE A GENERAL OR SPECIAL POWER OF ATTORNEY SPECIFICALLY STATING TLA IS AUTHORIZED FOR PROCESSING.

FOR DEPARTURE TLA:ACTUAL DATE OF DETACHMENT:

MEMBERS LIVING OFF-BASE MUST PRESENT A RENTAL RELEASE FROM THE LANDLORD OR REALTOR.

MEMBER LIVING ON-BASE MUST PRESENT A SIGNED STATEMENT FROM THE HOUSING OFFICE CERTIFYING THE DATE GOVERNMENT QUARTERS WERE VACATED.

MEMBER'S STATEMENT:

I HAVE INCLUDED HEREIN ALL LODGING RECEIPTS FOR TLA. I CERTIFY THAT I ☐ AM / ☐ AM NOT IN A PER DIEM STATUS. I UNDERSTAND

THAT IF I AM IN A TEMPORARY DUTY PER DIEM STATUS, ONLY MY FAMILY MEMBERS ARE ENTITLED TO TLA. I FURTHER CERTIFY THAT MY FAMILY MEMBERS AND I ☐ DID / ☐ DID NOT UTILIZE GOVERNMENT MESS FOR ANY MEALS DURING THIS PERIOD. MY TEMPORARY QUARTERS ☐ DO / ☐ DO NOT CONTAIN FACILITIES FOR PREPARING AND CONSUMING MEALS.

WARNING:

THE PENALTY FOR WILLFULLY MAKING FALSE CLAIM IS: MAXIMUM FINE OF \$10,000.00 OR MAXIMUM IMPRISONMENT FOR FIVE YEARS, OR BOTH (U.S. CODE, TITLE 18, SECTION 287). BE ADVISED THAT ALL CLAIMS ARE SCREENED AND THOSE SUSPECTED OF BEING FRAUDULENT ARE TURNED OVER TO THE NAVAL CRIMINAL INVESTIGATIVE SERVICE (NCIS).

PRIVACY ACT STATEMENT:

THIS STATEMENT IS PROVIDED IN COMPLIANCE WITH THE PROVISIONS OF THE PRIVACY ACT OF 1974 (PL 93-579) WHICH REQUIRES THAT FEDERAL AGENCIES MUST INFORM INDIVIDUALS WHO ARE REQUESTED TO FURNISH INFORMATION ABOUT THEMSELVES AS TO THE FOLLOWING FACTS CONCERNING THE INFORMATION REQUESTED.

1. AUTHORITY: 37 USC 1006
2. PRINCIPAL PURPOSE: TO PROVIDE INFORMATION REQUIRED TO LEGALLY PAY TEMPORARY LODGING ALLOWANCE (TLA).
3. ROUTINE USE: THE MEMBER PROVIDES INFORMATION ON COST AND TYPE OF LODGING WHICH IS USED TO COMPUTE ENTITLEMENT TO TLA. SUPPORTING DOCUMENTS ARE USED TO DETERMINE ELIGIBILITY AND AMOUNT OF ENTITLEMENT.
4. MANDATORY OR VOLUNTARY DISCLOSURE: VOLUNTARY. IF MEMBER DOES NOT PROVIDE INFORMATION, TLA CANNOT BE PAID.

MEMBER SIGNATURE

DATE

TLA CHART FOR OAHU MAY 1, 2006				
PERCENT	NUMBER OF FAMILY MEMBERS	MAX RATE	MEALS	LODGING
65%	MEMBER OR 1 DEPENDENT	\$161.85	\$65.00	\$96.85
100%	MEMBER AND 1 DEPENDENT	\$249.00	\$100.00	\$149.00
125%	MEMBER AND 1 DEPENDENT WITH 1 CHILD UNDER 12 YRS	\$311.25	\$125.00	\$186.25
135%	MEMBER AND 1 DEPENDENT WITH 1 CHILD OVER 12 YRS	\$336.15	\$135.00	\$201.15
150%	MEMBER AND 1 DEPENDENT WITH 2 CHILDREN UNDER 12 YRS	\$373.50	\$150.00	\$223.50
160%	MEMBER AND 1 DEPENDENT WITH 1 CHILD UNDER 12 AND 1 OVER 12 YRS	\$398.40	\$160.00	\$238.40
170%	MEMBER AND 1 DEPENDENT WITH 2 CHILDREN OVER 12 YRS	\$423.30	\$170.00	\$253.30
175%	MEMBER AND 1 DEPENDENT WITH 3 CHILDREN UNDER 12 YRS	\$435.75	\$175.00	\$260.75
185%	MEMBER AND 1 DEPENDENT WITH 2 CHILDREN UNDER 12 AND 1 CHILD OVER 12 YRS	\$460.65	\$185.00	\$275.65
195%	MEMBER AND 1 DEPENDENT WITH 1 CHILD UNDER 12 AND 2 CHILDREN OVER 12 YRS	\$485.55	\$195.00	\$290.55
200%	MEMBER AND 1 DEPENDENT WITH 4 CHILDREN UNDER 12 YRS	\$498.00	\$200.00	\$298.00
205%	MEMBER AND 1 DEPENDENT WITH 3 CHILDREN OVER 12 YRS	\$510.45	\$205.00	\$305.45
220%	MEMBER AND 1 DEPENDENT WITH 2 CHILDREN UNDER 12 AND 2 CHILDREN OVER 12 YRS	\$547.80	\$220.00	\$327.80

PCS TRAVEL									
NAME			SSN		PAY GRADE		ORDER NO/AUTHORIZATION		
ACCOUNTING DATA: (Fill in the following blanks—Use accounting data on orders)									
N 1 7 1 4 2 2 5 0 0 0 0 2 2 COST CODE									
COMPLETE DATA BELOW AND SUBMIT THREE DAYS BEFORE DETACHMENT.									
I YOUR ITINERARY									
A. PRESENT DUTY STATION (PDS)			HOMEPORT		DETACHMENT DATE		IF DEPLOYED, ACTUAL LOC:		
B. INTERMEDIATE DUTY STATIONS: (If more than five, use section 1 on reverse side.)			MDTVL (See Rev-Sec II)		NATURE OF DUTY (See Rev-Abbreviations)		CLCVN DATE		LEAVE PERIODS
NAME/LOCATION									
1									
2									
3									
4									
5									
C. ULTIMATE PERMANENT DUTY STATION (PDS)			HOMEPORT		IF DEPLOYED CHECK ONE		INDIAN OCEAN		
					ATLANTIC PACIFIC CARIBBEAN MED				
II DEPENDENTS' ITINERARY									
A. MARITAL STATUS		WILL DEPENDENTS MOVE?		INDICATE NUMBER OF DEPENDENTS MOVING BY AGE GROUP					
SINGLE MARRIED		YES NO		UNDER 2 YRS 2-11 YRS 12 YRS & OVER					
DESIGNATED PLACE: Are dependents awaiting entry approval or will they establish a permanent residence? (provide location)									
ENTRY APPROVAL PERMANENT RESIDENCE AT (CITY/STATE)									
B. MOVEMENT OF DEPENDENT(S) (Provide itinerary/See reverse side (SEC I/II for two letter modes of travel (MDTVL))									
DATE	FROM CITY/STATE/CNTRY			TO CITY/STATE/CNTRY			MDTVL (See Rev)		
1									
2									
3									
4									
III HOUSEHOLD GOODS									
A. HOUSEHOLD GOODS (HHG) (Complete blocks below and see reverse side (SEC III) for additional instructions if you are shipping HHG)									
SHIP. NO.	DATE SHIPPED FROM OLD PDS	EST. ARRIVAL AT NEW PDS	METHOD	SHIP FROM	CITY/STATE/CNTRY ORIGIN	CITY/STATE/CNTRY DESTINATION	ESTIMATED WEIGHT	SHIPMENT CODE	
1									
2									
3									
B. STORAGE (Complete if storing your HHG for more than six months.)									
ESTIMATED WEIGHT			DATE STORED MO DA YR			EST MOS IN STORAGE		STORAGE LOCATION CITY / STATE	
IV VEHICLES									
A. HOUSE TRAILER (Complete if you are moving a house trailer) Check one.									
METHOD		COMMERCIAL SELF		LOCATION: FROM: (City/State) TO: (City/State)					
B. ARE YOU MOVING YOUR POV OR MOTORCYCLE?									
POV		YES NO		MOTORCYCLE		YES NO			

SECTION I. YOUR ITINERARY (CONT'D)

NAME/LOCATION:	MDTVL:	NATURE OF DUTY:	CLCVN DATE:	DURATION TD/TDI:	LEAVE PERIODS:
6					
7					
8					
9					
10					

SECTION III MEMBER/DEPENDENTS' ITINERARY (ADDITIONAL INSTRUCTIONS)**TWO-LETTER MODES OF TRAVEL**

(a) 1st letter

T — TRANSPORTATION REQUEST
G — GOVERNMENT TRANSPORTATION
C — COMMERCIAL TRANSPORTATION
P — PRIVATE VEHICLE

(MDTVL)

(b) 2nd letter

A — AUTO
B — BUS
R — RAIL
V — VESSEL
P — PLANE

SECTION III. HOUSEHOLD GOODS (ADDITIONAL INSTRUCTIONS)

METHOD: Use "C" for Commercial Shipments or "D" for Do It Yourself Shipments (DITY).
SHIP FROM: Use "R" if shipped from Residence or "S" if shipped from Storage
ESTIMATED WEIGHT: Estimate 1000 lbs per room or estimate weight from previous shipments. Your transportation officer can help you with shipping and storage entitlements.
SHIPMENT CODE: Use "HHG" for Household Goods or "EXP" for Express Shipments

ABBREVIATIONS:

CLCVN:	Class Convening Date	PCSVAD:	Permanent Change of Station Variance Analysis
CNTRY:	Country		Department
DITY:	Do It Yourself Shipments	PDS:	Permanent Duty Station
EST:	Estimated/Estimation	POV:	Privately Owned Vehicle
EXP:	Express Shipments	SHIP:	Shipment
HHG:	Household Goods	SSN:	Social Security Number
LOC:	Location	TD:	Temporary Duty
MDTVL:	Mode of Travel	TDI:	Temporary Duty Under Instruction
MED:	Mediterranean	WT:	Weight
MOS:	Months		
NATURE OF DUTY:	Reason for Intermediate Duty Station, e.g. TEMDUINS, TEMDU		
ORDER NO./AUTH:	Authority for Permanent Change of Station Transfer — Order Number		
PCS:	Permanent Change of Station		

PRIVACY ACT STATEMENT: As the member, you must submit this form. If you don't, administrative action may result. Authority to require this information comes from 5 United States Code 301, Department Regulations, which deals with estimating cost for PCS travel.

Mail to: (window envelope may be used)

Director
Permanent Change of Station
Variance Component
1240 East 9th Street, Suite 967
Cleveland, Ohio 44199-2088

Signature of Member

ADDITIONAL INFORMATION REGARDING YOUR PCS TRANSFER

ATTEND THE PCS TRANSFER BRIEFING

PCS Transfer briefings are held every Tuesday in the PSD classroom from 0800 to 0930. The entire transfers process will be covered. This is the starting point for your transfer, so attendance is highly recommended. Questions regarding transfers are highly encouraged. Personnel who show up other than the designated schedule will be referred back to their Command PLR or the next PCS transfer briefing.

KEEP YOUR COMMAND PLR IN THE LOOP

Your Command PLR is the primary point of contact. All questions are to be directed to him or her. Likewise, all documents pertaining to your transfer are to be delivered to the PLR for further delivery to PSD.

PLRs must not be out of the loop. Any personnel attempting to circumvent the PLR by personally delivering documents to PSD will be referred back to the PLR.

PERSONAL PROPERTY

The Joint Personal Property Shipping Office (JPPSO) is located in the Fleet and Industrial Supply Center Complex, at 4825 Bouganville Drive, Honolulu, HI 96818.

Their office hours are:

0730 – 1500 (M, T, Th, F)

0900 – 1500 (W)

Walk-in Hours until 1200 (emergencies only)

Entitlements & Appointments: 473-7782

Inbound and Outbound Information: 473-7760

Quality Assurance: 473-7775

Smooth Move Briefs: 474-1999 (Given by Family Services)

The best thing to do is to go to JPPSO to schedule your appointment, as you will be given a folder with all the necessary documentation you need to complete prior to your appointment. It is never too early to schedule an appointment, but be advised: if you are traveling overseas, you may need a Family Entry Approval (FEA) before JPPSO will see you.

IN CLOSING...

We are emphasizing use of the Command PLR in an effort to streamline in-house processes and enhance customer service. If for any reason you are having difficult dealings with your PLR, please contact the Transfers Section LPO at 471-2405, ext. 5514, or the Division Officer at ext. 5506.

**Department of the Navy
Officer in Charge
Personnel Support Activity Detachment
4827 Bouganville Dr.
Honolulu, HI 96818**

CHECK-OUT SHEET

NAME (Last, First, Middle):	RANK/RATE:	SOCIAL SECURITY NUMBER: (LAST 4 DIGITS)
CURRENT COMMAND:	CURRENT UIC:	COMMAND TRANSFERRING TO:
OFFICE	CLERK'S INITIALS	DATE CHECKED OUT
1. MEDICAL		
2. DENTAL		
3. BEQ/BOQ OR HOUSING OFFICE		
4. COMMAND PASS LIAISON REP (PLR)		
5. EDUCATIONAL SERVICE OFFICE (ESO) ENLISTED PERSONNEL ONLY (SERVICE RECORD REQUIRED)		
6. PSD ID CARD DESK: UPDATE DEERS INFO (ALL PERSONNEL)		
7. TRANSFER CLERK: (LOCAL TRANSFER ONLY) CHANGE SMART/CAC CARD ENTITLEMENT TO COMRATS		
8. TRANSFER CLERK: PICK UP SERVICE RECORD, PLANE TICKETS, ORIGINAL ORDERS (DAY PRIOR TO TRANSFER)		

TO CHECK OUT WITH PSD YOU MUST HAVE THE FOLLOWING ITEMS:

1. Transfer evaluation/FITREP (Enlisted personnel only);
2. Security clearance records (all personnel);
3. Medical and dental records (no need to present them at PSD, but check-out sheet must be properly annotated).

IF YOU INTEND TO DRAW TLA YOU MUST HAVE THE FOLLOWING ITEMS:

1. Itemized receipt (must show "paid in full" and should include taxes; and
2. Termination of Lease statement from landlord or rental agency indicating date moved out of rental quarters and household goods bill of lading.

TRANSFER CLERK: